Abdominoplasty (outpatient)

Blue Care Network provides coverage for this procedure for adult members who meet medical necessity criteria. Submit prior authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

**Applicable codes for abdominoplasty (outpatient):** *15830, *15847

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**See below for the questions you’ll encounter in the e-referral system.**

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

**Q** Does the patient have a documented weight loss of at least 100 pounds?

**A**   
Possible answers: □ Yes □ No □ N/A

**Q** Has at least six months elapsed since the weight loss to ensure maximum weight loss and weight stability?

**A**   
Possible answers: □ Yes □ N/A □ No

**Q** Does the patient have a panniculus (extra abdominal skin and tissue) that hangs below the level of the pubis (below the groin area) because of bariatric surgery or dieting?

**A**   
Possible answers: □ Yes □ N/A □ No
Preview questionnaire: Abdominoplasty (outpatient)
For BCN HMO℠ (commercial) and BCN Advantage℠ members
Effective March 1, 2020

See below for the questions you'll encounter in the e-referral system. (continued)
You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

| Q | Is the patient’s panniculus so large that it causes either a rash, skin ulceration, skin necrosis or low back pain AND has the patient tried and failed conservative therapy (such as topical drying agents, corticosteroids, appropriate antibiotics and physical therapy)? |
| A | Possible answers: □ Yes □ No □ N/A |

| Q | Is the surgery being performed because the patient has an abnormal structure of the body, caused by a congenital (birth) defect, developmental abnormality, trauma, infection or tumor AND is accompanied by a functional impairment (such as difficulty walking, standing or bending)? |
| A | Possible answers: □ Yes □ N/A □ No |